

203879

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT **NOTIFICATION OF DEMOLITION AND RENOVATION OPERATIONS**

State Form 44593 (R2/8-99)

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I. TYPE OF NOTIFICATION (check one): Original _____ Revised * <input checked="" type="checkbox"/> Canceled _____ RECEIVED _____ * Must include copy of notification which is being revised.					
II. FACILITY INFORMATION (Identify owner, removal contractor, demolition contractor, inspector, and project designer)					
Owner: <u>Lake County Commissioners</u>			SEP 24 2016		
Address: <u>2293 N. Main St.</u>			Dept of Environmental Management State of Indiana		
City: <u>Crown Point</u>		State: <u>IN</u>		Zip: <u>46307</u>	
Contact: <u>Bob Rehder</u>			Telephone #: <u>219-755-3000</u>		
<input checked="" type="checkbox"/> Removal Contractor: <u>Northwest Indiana Environmental Inc</u> Address: <u>660 Morningside Dr.</u> City: <u>Crown Point</u> State: <u>IN</u> Zip: <u>46307</u> Contact: <u>Nada Critser</u> Phone: <u>219-743-9160</u> IN License #: <u>19A004777</u> Expiration: <u>5-2-17</u>	Demolition Contractor: _____ Address: _____ City: _____ State: _____ Zip: _____ Contact: _____ Phone: _____				
	(Required for asbestos projects at schools K - 12) Project Designer: _____ Address: _____ City: _____ State: _____ Zip: _____ IN License #: _____ Expiration: _____ Phone: _____				
	Inspector: <u>William J. Burns</u> Address: <u>5400 East Ave.</u> City: <u>Countryside</u> State: <u>IL</u> Zip: <u>60525</u> IN License #: <u>192506101</u> Expiration: <u>3-21-17</u> Phone: <u>708-482-8600</u>				
III. TYPE OF OPERATION (check one) Renovation: <input checked="" type="checkbox"/> Emergency Renovation: _____ Intentional Burning: _____ Demolition: _____ Ordered Demolition: _____					
IV. IS ASBESTOS PRESENT? (check one) YES: <input checked="" type="checkbox"/> NO: _____					
V. PROCEDURES, INCLUDING ANALYTICAL METHODS, IF APPROPRIATE, USED TO DETECT THE PRESENCE AND AMOUNT OF ASBESTOS MATERIAL <u>PLM (EPA 600/R-93/116)</u>					
VI. APPROXIMATE AMOUNT OF ASBESTOS (Including Regulated ACM, Category I non-friable Category II non-friable ACM)					
	Regulated ACM to be removed	Non-friable Asbestos Material To be removed		Non-friable Asbestos Material Not to be removed before demolition	
		Category I	Category II	Category I	Category II
Pipes (LnFt)					
Surface Area (SqFt)	<u>1100 Fireproofing</u>				
Total Volume (CuFt) on/off Components					
VII. SCHEDULED DATES OF ASBESTOS STRIPPING/REMOVAL: Start: <u>10-13-16</u> End: <u>11-13-16</u>					
VIII. SCHEDULED DATES OF RENOVATION: Start: _____ End: _____ DEMOLITION: Start: _____ End: _____					
IX. FACILITY DESCRIPTION (Including building name, floor, and room number)					
Building Name: <u>Lake County Government Bldg</u>					
Street Address: <u>2293 N. Main St.</u>					
City: <u>Crown Point</u>		State: <u>IN</u>		County: <u>46307 Lake</u>	
Location of removal within building: <u>First Floor Women's Staff Bathroom</u>					
Building Size (SqFt): <u>40,000</u>		# of Floors: <u>3</u>		Age: <u>40</u>	
Present Use: <u>Government Offices</u>				Prior use: _____	

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page 1 of 2

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X.	DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, METHODS/TECHNIQUES TO BE USED, AFFECTED FACILITY COMPONENTS AND TYPE OF MATERIALS REMOVED <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>
XI.	DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE SITE; INCLUDING ASBESTOS STRIPPING, REMOVAL AND WASTE HANDLING PROCEDURES TO PREVENT NON-FRIABLE ASBESTOS MATERIAL FROM BECOMING FRIABLE IN THE COURSE OF THE PROJECT: <u>Work area contained with 6 ml Poly and Negative Air. 3 Chamber decon unit.</u> <u>Wetting and scraping techniques.</u> <u>ACMs will be placed in sealed and labeled disposal bags</u> <u>ACMs will be transported by certified waste hauler to state approved landfill.</u>
XII.	DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED POWDER: <u>Cease work, isolate and label area. contact project supervisor</u> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>
XIII.	XIV.
WASTE TRANSPORTER Name: <u>Republic Services and/or GMI Waste, Mike Troxel</u> Address: <u>885 Wheeler St. and/or 10769 Broadway</u> City: <u>Crown Point</u> State: <u>IN</u> Zip: <u>46307</u> Contact: <u>Mike Egizio</u> Phone: <u>815-774-3969</u>	WASTE DISPOSAL SITE Name: <u>Newton County LF / Waste Mngt Laraway</u> Address: <u>2266 E. 500 South / Joliet, IL</u> City: <u>Brook</u> State: <u>IN</u> Zip: <u>47922</u> Contact: _____ Phone: _____
XV.	IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, IDENTIFY THE AGENCY BELOW AND ATTACH A COPY OF THE ORDER TO THIS FORM. IF THE FACILITY IS NOT INSPECTED PRIOR TO DEMOLITION, THE DEBRIS MUST BE KEPT ADEQUATELY WET. THE DEBRIS MUST THEN BE INSPECTED AFTER DEMOLITION OR ASSUME ALL DEBRIS TO BE CONTAMINATED WITH RACM AND DISPOSED OF APPROPRIATELY TO COMPLY WITH 326 IAC 14-10-1(b). Name: _____ Title: _____ Date ordered to begin: _____ Authority: _____ Date of Order: _____
XVI.	FOR EMERGENCY RENOVATIONS: Date and time of emergency: _____ Description of sudden, unexpected event: _____ Explanation of how the event caused unsafe conditions or would cause equipment damage: _____ <div style="border-bottom: 1px solid black; height: 15px;"></div>
XVII.	I HEREBY CERTIFY THAT THE INFORMATION IN THIS NOTIFICATION IS CORRECT AND THAT I WILL ONLY USE INDIANA LICENSED WORKERS AND PROJECT SUPERVISORS, TO IMPLEMENT THIS ASBESTOS PROJECT, WHICH HAVE BEEN TRAINED IN 326 IAC 14-10; 40 CFR PART 61, SUBPART M; AND, IF APPLICABLE, INDIANAPOLIS AIR POLLUTION CONTROL BOARD REGULATION 14. THE TRAINED INDIVIDUAL(S) ALONG WITH EVIDENCE THAT THE REQUIRED TRAINING WAS ACCOMPLISHED SHALL BE AVAILABLE AT THE JOB SITE DURING ACTUAL WORKING HOURS. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <u>Lake County Commissioners</u> Owner/operator (signature) <u>Nada Critser</u> Owner/operator (printed) </div> <div style="width: 45%;"> <u>9-24-16</u> date <u>Representative/Contractor</u> affiliation </div> </div>
***** OFFICE USE ONLY *****	
POSTMARK:	RECEIVED:
REVIEWED BY:	DEFICIENCIES:

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT **NOTIFICATION OF DEMOLITION AND RENOVATION OPERATIONS**

State Form 44593 (R2 / 8-99)

202812

I. TYPE OF NOTIFICATION (check one):		Original _____	Revised * <input checked="" type="checkbox"/> X _____	Canceled _____	Courtesy RECEIVED _____
* Must include copy of notification which is being revised					State of Indiana
II. FACILITY INFORMATION (identify owner, removal contractor, demolition contractor, inspector, and project designer)					<div style="text-align: center; font-weight: bold; font-size: 1.2em;">AUG 24 2016</div> <div style="text-align: center; font-size: 0.8em;">Dept of Environmental Management Office of Air Quality Zip: 46307</div>
Owner: <u>Lake County Commissioners</u>					
Address: <u>2293 N. Main St.</u>					
City: <u>Crown Point</u> State: <u>IN</u>					
Contact: <u>Bob Rehder</u> Telephone #: <u>219-755-3000</u>					
<input checked="" type="checkbox"/> Removal Contractor: <u>Northwest Indiana Environmental Inc</u> Address: <u>660 Morningside Dr.</u> City: <u>Crown Point</u> State: <u>IN</u> Zip: <u>46307</u> Contact: <u>Nada Critser</u> Phone: <u>219-743-9160</u> IN License #: <u>19A004777</u> Expiration: <u>5-2-17</u>			Demolition Contractor: _____ Address: _____ City: _____ State: _____ Zip: _____ Contact: _____ Phone: _____		
<input checked="" type="checkbox"/> Inspector: <u>William J. Burns</u> Address: <u>5400 East Ave.</u> City: <u>Countryside</u> State: <u>IL</u> Zip: <u>60525</u> IN License #: <u>192506101</u> Expiration: <u>3-21-17</u> Phone: <u>708-482-8600</u>			(Required for asbestos projects at schools K - 12) Project Designer: _____ Address: _____ City: _____ State: _____ Zip: _____ IN License #: _____ Expiration: _____ Phone: _____		
III. TYPE OF OPERATION (check one)					
Intentional Burning: _____		Renovation: <u>X</u>	Emergency Renovation: _____		
		Demolition: _____	Ordered Demolition: _____		
IV. IS ASBESTOS PRESENT? (check one) YES: <u>X</u> NO: _____					
V. PROCEDURES, INCLUDING ANALYTICAL METHODS, IF APPROPRIATE, USED TO DETECT THE PRESENCE AND AMOUNT OF ASBESTOS MATERIAL PLM (EPA 600/R-93/116)					
VI. APPROXIMATE AMOUNT OF ASBESTOS (Including Regulated ACM, Category I non-friable Category II non-friable ACM)					
	Regulated ACM to be removed	Non-friable Asbestos Material To be removed		Non-friable Asbestos Material Not to be removed before demolition	
		Category I	Category II	Category I	Category II
Pipes (LnFt)					
Surface Area (SqFt)	1100 Fireproofing				
Total Volume (CuFt) on/off Components					
VII. SCHEDULED DATES OF ASBESTOS STRIPPING/REMOVAL: Start: <u>9-29-16</u> End: <u>10-29-16</u>					
VIII. SCHEDULED DATES OF RENOVATION: Start: _____ End: _____ DEMOLITION: Start: _____ End: _____					
IX. FACILITY DESCRIPTION (Including building name, floor, and room number)					
Building Name: <u>Lake County Government Bldg</u>					
Street Address: <u>2293 N. Main St.</u>					
City: <u>Crown Point</u> State: <u>IN</u> County: <u>46307 Lake</u>					
Location of removal within building: <u>First Floor Women's Staff Bathroom</u>					
Building Size (SqFt): <u>40,000</u> # of Floors: <u>3</u> Age: <u>40</u>					
Present Use: <u>Government Offices</u> Prior use: _____					

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page 1 of 2

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X.	DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, METHODS/TECHNIQUES TO BE USED, AFFECTED FACILITY COMPONENTS AND TYPE OF MATERIALS REMOVED
XI.	DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE SITE; INCLUDING ASBESTOS STRIPPING, REMOVAL AND WASTE HANDLING PROCEDURES TO PREVENT NON-FRIABLE ASBESTOS MATERIAL FROM BECOMING FRIABLE IN THE COURSE OF THE PROJECT: Work area contained with 6 ml Poly and Negative Air. 3 Chamber decon unit. Wetting and scraping techniques. ACMs will be placed in sealed and labeled disposal bags ACMs will be transported by certified waste hauler to state approved landfill.
XII.	DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED POWDER: Cease work, isolate and label area, contact project supervisor
XIII.	WASTE TRANSPORTER Name: <u>Republic Services and/or GMI Waste, Mike Troxel</u> Address: <u>885 Wheeler St and/or 10769 Broadway</u> City: <u>Crown Point</u> State: <u>IN</u> Zip: <u>46307</u> Contact: <u>Mike Egizio</u> Phone: <u>815-774-3969</u>
XIV.	WASTE DISPOSAL SITE Name: <u>Newton County LF / Waste Mngt Laraway</u> Address: <u>2266 E. 500 South / Joliet, IL</u> City: <u>Brook</u> State: <u>IN</u> Zip: <u>47922</u> Contact: _____ Phone: _____
XV.	IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, IDENTIFY THE AGENCY BELOW AND ATTACH A COPY OF THE ORDER TO THIS FORM. IF THE FACILITY IS NOT INSPECTED PRIOR TO DEMOLITION, THE DEBRIS MUST BE KEPT ADEQUATELY WET. THE DEBRIS MUST THEN BE INSPECTED AFTER DEMOLITION OR ASSUME ALL DEBRIS TO BE CONTAMINATED WITH RACM AND DISPOSED OF APPROPRIATELY TO COMPLY WITH 326 IAC 14-10-1(b). Name: _____ Title: _____ Date ordered to begin: _____ Authority: _____ Date of Order: _____
XVI.	FOR EMERGENCY RENOVATIONS: Date and time of emergency: _____ Description of sudden, unexpected event: _____ Explanation of how the event caused unsafe conditions or would cause equipment damage: _____
XVII.	I HEREBY CERTIFY THAT THE INFORMATION IN THIS NOTIFICATION IS CORRECT AND THAT I WILL ONLY USE INDIANA LICENSED WORKERS AND PROJECT SUPERVISORS, TO IMPLEMENT THIS ASBESTOS PROJECT, WHICH HAVE BEEN TRAINED IN 326 IAC 14-10; 40 CFR PART 61, SUBPART M; AND, IF APPLICABLE, INDIANAPOLIS AIR POLLUTION CONTROL BOARD REGULATION 14. THE TRAINED INDIVIDUAL(S) ALONG WITH EVIDENCE THAT THE REQUIRED TRAINING WAS ACCOMPLISHED SHALL BE AVAILABLE AT THE JOB SITE DURING ACTUAL WORKING HOURS. <div style="display: flex; justify-content: space-between;"> <div> <u>Lake County Commissioners</u> Owner/operator (signature) <u>Nada Critser</u> Owner/operator (printed) </div> <div> <u>8-24-16</u> date <u>Representative/Contractor</u> affiliation </div> </div>

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POSTMARK:	RECEIVED:	REVIEWED BY:	DEFICIENCIES:
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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT NOTIFICATION OF DEMOLITION AND RENOVATION OPERATIONS

State Form 44593 (R2 / 8-99)

I. TYPE OF NOTIFICATION (check one): Original _____ Revised * <input checked="" type="checkbox"/> Canceled _____ Courtesy _____ <small>* Must include copy of notification which is being revised</small>					
II. FACILITY INFORMATION (Identify owner, removal contractor, demolition contractor, inspector, and project designer)					
Owner: <u>Lake County Commissioners</u>					
Address: <u>2293 N. Main St.</u>					
City: <u>Crown Point</u>			State: <u>IN</u>		Zip: <u>46307</u>
Contact: <u>Bob Rehder</u>			Telephone #: <u>219-755-3000</u>		
Removal Contractor: <u>Northwest Indiana Environmental Inc</u>			Demolition Contractor: _____		
Address: <u>660 Morningside Dr.</u>			Address: _____		
City: <u>Crown Point</u>		State: <u>IN</u>	Zip: <u>46307</u>		City: _____ State: _____ Zip: _____
Contact: <u>Nada Critser</u>		Phone: <u>219-743-9160</u>		Contact: _____ Phone: _____	
IN License #: <u>19A004777</u>		Expiration: <u>5-2-17</u>			
Inspector: <u>William J. Burns</u>			(Required for asbestos projects at schools K - 12)		
Address: <u>5400 East Ave.</u>			Project Designer: _____		
City: <u>Countryside</u>		State: <u>IL</u>	Zip: <u>60525</u>		City: _____ State: _____ Zip: _____
IN License #: <u>192506101</u>		Expiration: <u>3-21-17</u>		IN License #: _____ Expiration: _____	
Phone: <u>708-482-8600</u>		Phone: _____			
III. TYPE OF OPERATION (check one) Renovation: <input checked="" type="checkbox"/> Emergency Renovation: _____ Intentional Burning: _____ Demolition: _____ Ordered Demolition: _____					
IV. IS ASBESTOS PRESENT? (check one) YES: <input checked="" type="checkbox"/> NO: _____					
V. PROCEDURES, INCLUDING ANALYTICAL METHODS, IF APPROPRIATE, USED TO DETECT THE PRESENCE AND AMOUNT OF ASBESTOS MATERIAL <u>PLM (EPA 600/R-93/116)</u>					
VI. APPROXIMATE AMOUNT OF ASBESTOS (Including Regulated ACM, Category I non-friable Category II non-friable ACM)					
	Regulated ACM to be removed	Non-friable Asbestos Material To be removed		Non-friable Asbestos Material Not to be removed before demolition	
		Category I	Category II	Category I	Category II
Pipes (LnFt)					
Surface Area (SqFt)	1100 Fireproofing				
Total Volume (CuFt) on/off Components					
VII. SCHEDULED DATES OF ASBESTOS STRIPPING/REMOVAL: Start: <u>8-29-16</u> End: <u>9-29-16</u>					
VIII. SCHEDULED DATES OF RENOVATION: Start: _____ End: _____ DEMOLITION: Start: _____ End: _____					
IX. FACILITY DESCRIPTION (Including building name, floor, and room number)					
Building Name: <u>Lake County Government Bldg</u>					
Street Address: <u>2293 N. Main St.</u>					
City: <u>Crown Point</u>		State: <u>IN</u>		County: <u>46307</u>	
Location of removal within building: <u>First Floor Women's Staff Bathroom</u>					
Building Size (SqFt): <u>40,000</u>		# of Floors: <u>3</u>		Age: <u>40</u>	
Present Use: <u>Government Offices</u>				Prior use: _____	

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, METHODS/TECHNIQUES TO BE USED, AFFECTED FACILITY COMPONENTS AND TYPE OF MATERIALS REMOVED 			
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE SITE; INCLUDING ASBESTOS STRIPPING, REMOVAL AND WASTE HANDLING PROCEDURES TO PREVENT NON-FRIABLE ASBESTOS MATERIAL FROM BECOMING FRIABLE IN THE COURSE OF THE PROJECT. Work area contained with 6 ml Poly and Negative Air. 3 Chamber decon unit. Wetting and scraping techniques. ACMs will be placed in sealed and labeled disposal bags ACMs will be transported by certified waste hauler to state approved landfill.			
XII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED POWDER. Cease work, isolate and label area. contact project supervisor 			
XIII. WASTE TRANSPORTER Name: <u>Republic Services and/or GMI Waste, Mike Troxel</u> Address: <u>885 Wheeler St. and/or 10769 Broadway</u> City: <u>Crown Point</u> State: <u>IN</u> Zip: <u>46307</u> Contact: <u>Mike Egizio</u> Phone: <u>815-774-3969</u>	XIV. WASTE DISPOSAL SITE Name: <u>Newton County LF / Waste Mngt Laraway</u> Address: <u>2266 E. 500 South / Joliet, IL</u> City: <u>Brook</u> State: <u>IN</u> Zip: <u>47922</u> Contact: _____ Phone: _____		
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XVI. FOR EMERGENCY RENOVATIONS: Date and time of emergency: _____ Description of sudden, unexpected event: _____ Explanation of how the event caused unsafe conditions or would cause equipment damage: _____ 			
XVII. I HEREBY CERTIFY THAT THE INFORMATION IN THIS NOTIFICATION IS CORRECT AND THAT I WILL ONLY USE INDIANA LICENSED WORKERS AND PROJECT SUPERVISORS TO IMPLEMENT THIS ASBESTOS PROJECT, WHICH HAVE BEEN TRAINED IN 326 IAC 14-10; 40 CFR PART 61, SUBPART M; AND, IF APPLICABLE, INDIANAPOLIS AIR POLLUTION CONTROL BOARD REGULATION 14. THE TRAINED INDIVIDUAL(S) ALONG WITH EVIDENCE THAT THE REQUIRED TRAINING WAS ACCOMPLISHED SHALL BE AVAILABLE AT THE JOB SITE DURING ACTUAL WORKING HOURS. Lake County Commissioners <u>Nada Critser</u> 6-28-16 Owner/operator (signature) _____ date Nada Critser Representative/Contractor Owner/operator (printed) _____ affiliation			
***** OFFICE USE ONLY *****			
POSTMARK:	RECEIVED:	REVIEWED BY:	DEFICIENCIES: